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CONFIRMATION NO. 5816

SERIAL NUMBER 09/029,251	FILING DATE 03/09/1998 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 5860	
APPLICANTS THIERRY POURCHEZ, BETHUNE, FRANCE; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/FR96/01346 09/04/1996 ** FOREIGN APPLICATIONS ***** FRANCE 95/10573 09/05/1995 <p style="text-align: center;">** SMALL ENTITY **</p>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY FRANCE	SHEETS DRAWING 1	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
ADDRESS JOHN C KERINS KERKAM STOWELL KONDRACKI & CLARKE 5203 LEESBURG PIKE SUITE 600 FALLS CHURCH , VA 22041					
TITLE MULTILUMEN CATHETER PARTICULARLY FOR HEMODIALYSIS					
FILING FEE RECEIVED 465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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ADDRESS John C Kerins MILES & STOCKBRIDGE P. C. 1751 Pinnacle Drive Suite 500 McLean ,VA 22102-3833					
TITLE MULTILUMEN CATHETER PARTICULARLY FOR HEMODIALYSIS					
FILING FEE RECEIVED 465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/029,251	FILING DATE 03/05/98	CLASS 604	GROUP ART UNIT 3734	ATTORNEY DOCKET NO. 5860
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APPLICANT

THIERRY POURCHEZ, BETHUNE, FRANCE.

****CONTINUING DOMESTIC DATA*******
VERIFIED
ST

****371 (NAT'L STAGE) DATA*******
VERIFIED THIS APPLN IS A 371 OF PCT/FR96/01346 09/04/96
ST

****FOREIGN APPLICATIONS*******
VERIFIED FRANCE 95/10573 09/05/95
ST

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <u>ST</u> Examiner's Initials Initials	STATE OR COUNTRY FRX	SHEETS DRAWING 1	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
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TITLE

MULTILUMEN CATHETER PARTICULARLY FOR HEMODIALYSIS

FILING FEE RECEIVED \$465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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DO/ED BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 029251 ✓
IA NUMBER: PCT/ FR96 / 01346 ✓
FAMILY NAME: POURCHEZ ✓
GIVEN NAME: THIERRY ✓
PRIORITY CLAIMED (Y/N): Y ✓
NO BASIC FEE (Y/N): N ✓
ATTORNEY DOCKET NUMBER: 5860 ✓
CORRESPONDENCE NAME/ADDRESS: ✓
NAME: JOHN C KERINS ✓
KORKAM STOWELL KONDRACKI & CLARKE ✓
STREET: 5203 LEESBURG PIKE ✓
SUITE 600 ✓
CITY: FALLS CHURCH ✓
STATE/COUNTRY: VA ✓ ZIP: 22041 ✓
APPLICATION TITLES: ✓
MULTILUMEN CATHETER PARTICULARLY FOR HEMODIALYSIS ✓

RECEIPT DATE: 03 / 05 / 98 ✓
IA FILING DATE: 09 / 04 / 96 ✓
DELAY WAIVED (Y/N): N ✓
DEMAND RECEIVED (Y/N): Y ✓
PRIORITY DATE: 09 / 05 / 95 ✓
US DESIGNATED ONLY (Y/N): N ✓
COUNTRY: FRX ✓
TELEPHONE: ✓

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